

STANDARD CERTIFICATE OF DEATH

FILED NOV 5 1952

State File No. 408

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 408	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Independence		c. LENGTH OF STAY (In this place) 52 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Independence		0485	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ind. Sanitarium - Hosp.				d. STREET ADDRESS (If rural, give location) 1406 N. River Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) ALICE		b. (Middle) MYRA		c. (Last) HARRINGTON		4. DATE OF DEATH (Month) (Day) (Year) Oct 12 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 18-1886	
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Pittsburgh Penn		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Culey		13b. MOTHER'S MAIDEN NAME Emma Smith		14. NAME OF HUSBAND OR WIFE G. Leonard Harrington			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S NAME AND ADDRESS G. Leonard Harrington Ind. Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Pulmonary edema				INTERVAL BETWEEN ONSET AND DEATH 2 hours			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Hypertensive + arteriosclerotic cardiovascular disease			
DUE TO (c) -				Years			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		443X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1949, to 10/12, 1952, that I last saw the deceased alive on Oct 12, 1952, and that death occurred at 10:55 PM, from the causes and on the date stated above.							
23a. SIGNATURE Vance E. Link, M.D. (Degree or title)				23b. ADDRESS Independence, Mo		23c. DATE SIGNED 10/15/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Oct 15-52		24c. NAME OF CEMETERY OR CREMATORY Mount Grove		24d. LOCATION (City, town, or county) (State) Independence Jackson Mo	
DATE REC'D BY LOCAL REG. 10-15-52		REGISTRAR'S SIGNATURE James E. Link		354-1		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Henry W. Stahl Ind. Mo.	

[APR 4 1950]

6961 6 NW.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*R. A. Lisle*

Licensed Embalmer No. *4123*

P. O. Address *Independence, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.